

1 of 2

<b>CLAIMS ONLY</b>							Application Number <b>10/518229</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED <b>6-6-05</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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100											
Total Indep											
Total Depend											
Total Claims											

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101						
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Total Indep	5					
Total Depend	43					
Total Claims	48					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	Indep	Depend	Indep	Depend	Indep	Depend
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